7606 2150 0002 7737 9893

File with: File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM

CAMPAGETHICS AND
PM 5-19

		DISCLOSUR	E SUMMARY PAGE	2008	MAY 20 PM 1:19
C	OMMITTEE NAME (Must b	e same as on Statement of Or		1	mi 20 (h 1: 19
IM (1	VOTE FOR MPORTANT: Indicate by # type 1)Statewide/Legislative/Judge (2))County Central Committee (3)	of committee you are reporting for Standing for Retention Candidate	mmittee	(R	DR-2 ev. 07/2007) DISCLOSURE REPORT r Office Use Only
Of	ANDIDATE COMMITTEES and idate Name TRRCY リ ffice Sought エンシャ House	ANCE OF REPS.	Political Party (if applicable) Democran Tic District (if Senate or House)	Log Sca Col Aud	mm. #
_ <	NATURE OF PERSON FIL	2	Pursuant to Iowa Code sections 68B.32A(319-372-5436 TELEPHONE		.401(3), the candidate, for a - いっしょう と DATE SIGNED
□c	HECK IF AMENDMENT TO	port date)	of Dissolution Form DR-3.	ocal Commi	ttees, enter Date of Election
	STATEME	NT OF CASH ON HAM			
CAS	H ON HAND at the beginning committee. This amou	ENT OF CASH ON HAND ng of the reporting period. (To unt MUST be the same as the griod or must be zero if this is fi	otal of all funds held by the		
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form	SCH
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SCHEDULE	
A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Vote for Vance Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF			
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FO FUND RAISE
3/19/08	ID# CK#	Jim And Betty Posz 919 OLD DENMARK HILL Ft. MADISON JA		\$ 25	INCOM
3/24/08	CK#	L. COME OR SHERRI ENKE 1002 DOWNARY Hillop in IA		300 00	
3/25/08		Lynn Hoyen 10 High Point, Fim. John		300 00	
3/31/08	ID# CK#	Charles & marelyn Holmes 4723 Bluff Romo, Fhimmoison IA		4000	
3 31 08	CK#	Richard CANellz 2046 303 no Avenut Ft. Myoison IA		100 00	
4/1/08	CK#	Doyle Hoyer 3347 Country Club Lane Ft. MADISON IA		100 00	
4/2/08	CK#	Tom Pollpoter 504 AVENUE C- FORT MANISON JA		100 00	
1/3/05	CK#	Russell or michelle Young 3375 COUNTRY Club LAND Frimadoison FA 5260		50 ^{ec}	
1/3/08	CK#	MICHAEL BROCKMAN 3344.213th STREET FE. MADISON IA		300 00	
13/04	CK#	CARLA DEBBIE SAUNDERS 816 AVENUE F FORT MADISON FA		10000	
			SUB-TOTAL	S i i s are	

TOTAL (if last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

2000	888600	ridecon.	98865550	000000000000000000000000000000000000000	22200
- 1111		100	30.00		
7000	400		38 5370	1383	2 9800
333000		المتحجة	(6.333)	20.00	8,000

SCHEDULE MONETARY (Rev. 07/03)

RECEIPTS

CHECK THIS BOX IF AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) MANG Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FO FUND RAISE
04/03/08		CAPTHIN KIRKS MARINA (KIRK BUTTER) 606 AVENUE GIFTI MADIKAN		\$ 300 5	INCOM
4/3/08	ID#	2206 - 256 to AVENUE PLATE WEST POINT IA		150 ª	V
4/3/08	CK#	CARCITN A LARRY SMITH 828 AVENUE D Ft. MADISON IA		100 4	V
4/3/08	CK#	MICHAEL OR ROXANNA HUFFMAN 1202 AVENUE B FT. MADISON IA	·	300 €	0
4/3/08	CK#	ARTEMIOR SANTIAGO 2108 AVENUE 1.7 FOR MADISONS FOR		300°	V
4/3/08	CK#	1976 3415+ AVENUE WEVER IA		100 00	V
-, -, - 	CK#	TARA & TONY JOHNSON 403 20 to STREET FT. MADISON SA		502	V
1/3/08	CK#	JAMES A Betty Posiz 919 OLD Denmerk Hill Frimadison IA		75 a	V
1/3/08	CK#	LARRY PECK 10 HARMONY COURT FT. MADISON JA		100 00	i/
1/3/08	ID# CK#	GREEDRY & TOWN SHOTTENKIRK 1202 DENMARIZ HILLO Fr. MADISON IA		600	./

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

Reset Form

В	SCHEDULE	
	Α	MONETA

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAM	E (Must be same as o	on Statement of Organization)	
VOTE F	En VANCE	Committee	

(Rev. 07/03) MONETARY
RECEIPTS

CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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١ أ.د	NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	√ IF FO FUND RAISE
4/3/08	ID# CK#	W. ARCHIE LOGAN 1013 AVENUE F		\$ 250	INCOM
4/3/08	ID#	JOSEPH & JANE KOWZAN		7.50	
	CK#	2 MELODY TERRACE FT MADISON IN		5000	L
4/3/08	CK#	STEVEN & BRIDGET LINK 101 Stm St Ft. MADISON IA		10000	i-
4/3/08	ID# CK#	FEHSEKE RESCITMAN KATU CAR. 1023 AVENUE G FTIMADISON IA		750 =	
1/3/08	CK#	CASH CONTRIBUTIONS - FUND RAISING EVENT		800 co	U
7 7 9	CK#	CHUCK OS MANSKI 3324 TIMBERLANE DR FT: MADISON IA		25º0	
4/4/08	ID# CK#	JAMES & JUDITH GERDES 3349 COUNTRY CLUB LANG FIT MADILLON IA		50 œ	
7/4/08	ID# CK#	DAVID OR CINDY CULBERTSONS 3109 AVENUE L FT MADISON FA		50°	
114103	ID# CK#	PAUL ON JODY SCHUITE 1321 AVENUE C Fr. MADISON IA		3000	
ilulno	ID# CK#	Robert & Brien L Huffman 1220 Avenue B F. MADICON ID	,	300 %	

TOTAL (if last page of this schedule)

Page 3 of 7 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Commence of personal funds)	(INEV. 07/
COMMITTEE NAME (Must be same as on Statement of Organization) Vote for Vancas Committee	

SCHEDULE	
A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FC FUND RAISE INCOM
4/7/08	CK#	2641 CLEMENTER HOLE FILMADISON FA		\$ 100	INCOM
4/9/08		CREG FLESLIE MALINSKI 2201 270th ST DOWNELSON IA		600	
4/9/08	ID#	MARITIN DEAN 3379 COUNTRY CLUB LANG		100	
4/1/08	ID# CK#	RANDALL &BONNIE FORBUZER 3516 S.W 27th St	r.	100	
4/9/08	ID# CK#	Des moines IA HNDA MARSHALL 2146 NOETH FORE DRING FT. MADISON IA		100	
4/12/03	ID# CK#	CHARLES & DEBRA SCOVILLE 603 AVENUE F Fr. MADISON IA &		600	
1115/08	ID# CK#	CLARENCE &LYNN HOFFMAN 616 PARKVIEW DRIVE DENISON IA		100	
15/08	ID# CK#	RIT. SPOREZ 9671 109th AVENUE CTTUMWA IA		100	
1/15/08	ID# CK#	KEVIN & HEATHER HANTER 2013 AVENUE E Fr. MADISON TA 52627		2500	
110/08	ID# CK#	MATT MORRIS ROCENODO DRIVE Frimadison IA		10 C	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of 7
(for Schedule A)

For Instructions, See Back of Form

(Including candidate's personal funds)

CONTRIBUTIONS -- MONEY TAKEN IN

COMMITTEE NAME (Must be same as on Statement of Organization) Vance Committee

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS			
CHECK THIS BOX IF AMENDING FORM				

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
4/21/08	ID#	MERLIN Hellman #1 Blackhawk Heights Fr. MADISON IA		\$ 25	INCOME
4/21/08	CK#	LARRY KOLH 2148 NORTH FORE DIZING Fr. MADISON JA		25	
4/23/08	CK#	FAYER ANDRAWES 5512 ONKWOO CHOVE AUSTN TX		100	
4/23/08	CK#	GREGGRY ASAMORA Smith 613 14th St Ftimpoison IA		100	
4/25/08	CK#	CINDY BAXTER 2607 AVENUE E FT. MADISON IA		600	
4/27/08	CK#	GL & MARY JO HAYES 3019 - 189TH STREET ET. MADISON IA		25	
5 5 08	CK#	JOAN GROSS 1123 48 Th ST Apr 14 FT MADISON ITA		25	
5/5/04	CK#	Robert Bixerman 1674 345 TA AVENUE WEVER, IA 52658		100	
5/7/08	ID# 6004 CK# 4700	701 EAST COURT AVENUE PAC DES MOINES IA 50309-4941		1000	
5/7/88	CK#	Nicholas Pothitakis 54 High Print Foot Minorson 54		100	
			SUB-TOTAL	\$2100	

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

TOTAL (if last page of this schedule)

Reset Form

SCHEDULE

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Vote For Janes Committee STATE CANDIDATES NOTE: IF A CONTRIBUTION IS A STATE CANDIDATES NOTE CANDIDATES NO		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

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RELATIONSHIP RECEIVED RELATIONSHIP RECEIVED RELATIONSHIP RECEIVED	DATE	PAC ID NUMBER	NAME AND ADDRESS			
1 1 1 1 1 1 1 1 1 1	(MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE*		RAISE
100 10# 6400 10	5 8 08		Christophe & Morica Rossi 4 Rowland Oti		\$ 150	INCOM
CK# U13 8525 DOUGITS SLITE 47 Des Maines IA 50327 100 5/9/08 D#	5/9/08	ID# 6400	James City 174 52246		1.00	<u> </u>
CK# 4201 CJESTAM PKLY # 250 5/9/08 ID# 6052 INDESPENDENT INSTITUTE PAC CK# 3218 IDH 6059 IDH 6059 IT COMMITTEE AGE IN THE ACTION COMMITTEE AGE IN THE ACTION COMMITTEE ACTION CK# 1947 IT High St. 5/9/08 ID# 4251 PRINCEL MUTUAL REINSVARACE PAC CK# 1947 IDH 6087 GRINNELL MUTUAL REINSVARACE PAC CK# 1117 GRINNELL INSTITUTE PAC CK# 1125 IDH INSVARALE INSTITUTE PAC CK# 1125 Des MOINES IA 50309 25 5/9/08 ID# 6435 IDH INSVARALE INSTITUTE PAC CK# 1125 Des MOINES IA 50309 25 5/9/08 ID# 6062 IDH 6062 IDH 6062566 G25 I2/08 ID# 6062 IDH 6062 IDH 6062666 IDH 6062666 IDH 6062666 IDH 606276 IDH 60627	=1:1	CK# 613	Des Mones TA 50372		100	
10 10 10 10 10 10 10 10	5 19/08		4201 Westam PRUY # 150			
CK# 3218 4000 15570	5/9/08	6057	INDERSONAL TA 50266		250	
111 OFACE PARK RD 200		_	4000 GESTOUN PRUM # 200		1,100	1
10 8251 PRINPAC 40 Shelly MEIGHAN 250 CK# 1947 Des Moines IA 50392 250 CK# 1947 Des Moines IA 50392 250 CK# 1117 GRINNELL MUTUAL REINSVRANCE PRO 4215 HIGHWAY 146 150 CK# 1117 GRINNELL IA 50112 150 CK# 1125 CWA INSVRANCE INSTITUTE PAC 729 INSVRANCE EXCHANGE RLOC Des MOINES IA 50309 25 CK# 1125 Des Moines IA 50309 CK# 602 BEL Aire DRIVE 625 CMEST POINT IA 52656 CC 25 CMEST POINT IA 52656 CMEST POI	5/9/08		1111 OFACE PARK RD	1	200	V
Des Moints IA 50392 250 5/9/08 ID# 9687 GRINNELL MUTUAL REINSVRANCE PAC 4215 HIGHWAY 146 150 5/9/08 ID# 6435 IOWA INSURANCE INSTITUTE PAC 729 INSURANCE EXCHANGE RLOC Des Moints IA 50309 25 5/9/08 ID# DAVID KOKJOHN CK# 602 Bel Aire Drive 625 6	5/9/08	ID# 8251	PRINPAC GO SHALLY MEIGHAN			
CK# 1117 GRINNEL IA 50112 5/9/08 ID# 6435 TOWN INSURANCE INSTITUTE PAC CK# 1125 Des Moines IA 50309 DAVID KOKJOHN CK# CK# CK# CK# CK# CK# CK# CK	, ,		Des Moines IA 50392		250	
10108 CK# 1125 IOWA INSURANCE INSTITUTE PAC 729 INSURANCE EXCHANGE RLOG DES MOINES IA 50309 25 IOWA CK# CO2 BEL AIRE DRIVE G25 G		CK# 1117	4215 HIGHWAY 146 GRINNEZL TA 50112		150	~
DAVID KOKJOHN CK# CK# CK# CO2 BEL AIRE DRIVE WEST POINT IA 52656 12/08 ID# 6062 IOWA C.P.A - PAC.	5/9/08	CK# 1125	729 INSURANCE EXCHANGE BLOG		25	V
112/08 1D# 6062 IOWA C.P.A - PAC.	5/10/08		DAVID KOKJOHN			
	112/08	10#	WEST Point IA 52656		625	
395 West Des Moines IA 50265		ск# 345	950 OFFICE PARK RUND # 300		100	L

TOTAL (if last page of this schedule)

(for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form	SCHEDULE (Rev. 07/03)	MONETARY RECEIPTS
		CK THIS BOX IF

COMMITTEE	IA BAE /A	lund by	
COMMITTIEE I	IN IAIC (IA	ust de same	as on Statement of Organization)
11	_	e /	
VOTE	tor	VANIE	Committee
		1,070 26	COMMITTER

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FC FUND RAISE
5/12/08	ID# CK#	Kompken Grama Station Rental 1405 EAST WASHINGTON ST Mt. Pleasant IA		\$ 50	INCOM
5/12/08	ID# CK#	REMAN ASSOCIATES - MANEN HOPE 902 AVENUE & FRIMADISCIN IA 52027		300	
	ID# CK#	.34-62			
	ID# CK#				
	ID#				
	ID#				L
	CK#				
	D# CK#				
			SUB-TOTAL	. 250	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES				
CHECK THIS BOX IF AMENDING FORM					

COMMITTEE N	AME (M	ust be same as	on Statement of Organization)
VOTE	FOIZ	VANCE	COMMITTEE

	CANDIDATE	NAME AND ADDRESS TO WHOM		
DATE EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK	EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	NUMBER			<u> </u>
4/3/08	ID#	DODD PRINTING	PRINT MAILING	1
	CK# 1000	621 AVENUE C- FT. MADISO. J IA	WELL WEST	\$18.72
	ID#			
4/3/08	CK# / 00 (LEC COUNTY DEMOCRATIC 2903 AVENUES	CONVENTION CALL	100,00
	ID#			
4/3/08	CK# 1002	2152 Highway 61 - Frimanis	CANDIDATE PHOTOS	128,40
	ID#	TRACY VANCE		
4/3/08	CK# 1003	3003 TIMBERLANE DE Frimaroison IA	Postage Reinbursencet	102.50
	ID#	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-	
4/9/08	CK# 1004	JAKE NEWBORRY 1712 300 th Street ARGYLE IA 52619	TRAVEL REIMBURSEMENT	84.25
	ID#	IVY BAKE SHOP		
4/21/08	CK# /005	622 ATT STREET FINADISCU IA	SNACKS FOLFUND RAISER	48.00
, ,	ID#	METERS DEN	For 10 inner	
4/21/08	CK# 1006	801 AVENUE GO Fr. MAD. SON IA	FOOD IBEVERAGE SPACE FUND RAISING EVENT	298,47
│ . ☐	ID#	DODD PRINTING	0-	
4/21/08	CK# 1007	621 AVENUE G FT. MADISON IA	PRINTING & SUPPLIES	688.58
			SUB-TOTAL	\$ 141.8.92

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				VAIDIDA	4 I E 3 '	CLIMIM	>	I INI Y

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page 4) of	2
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TOTAL (if last page of this schedule)

1468,92

FOR INSTRUCTIONS, SEE BACK OF FORM

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5200	w.x	200	0 */~	*******	886
33398	100	2 86 2	3 242 8	3388	356 :

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMILIE	E NAME (Must be	same as on Statement of Organization)			
Vot	re for	VANCE Committe	e .		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACT	TION)	AMOUNT EXPENDED
5/5/08	CK# LOOS	Daley Solutions BII BURR DAK DRIVE #1301 West Das Moines IA 5026	Consultant fe		\$2175.00
5/5/08	ID# CK# 1009	DODO PRINTING 621 AVENUE G FT. MADISON IA	Preinting		101.11
5/9/08	ID# CK# 1016	JAKE NEWGENRY 1712 300 th St. Azgyle IA 52619	Postzy e		102.50
5 13/08	ID# Ск# /D! D	US POSTAL SERVICE	Postag.o		534.69
5/14/08	CK# D 17	Daley Solutions 811 Buze DAN Drive #1301 Least Des Monves PA	Consultant fe	?e	5477.10
	ID# CK#				
	ID# CK#				
	ID# CK#				
			Sl	JB-TOTAL \$	000/0

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	2	of	2	
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TOTAL (if last page of this schedule)

The state of the s		
	SCHEDULE	
VOTE For VANCE Connetter	(Rev. 06/97)	IN-KIND CONTRIBUTIONS
		K THIS BOX IF DING FORM

DATE					
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
4/14/03	TRACY VANCE 3003 TIMBERLANE DR FT. M. MOISON	C AMDIDATE	PostAge	\$ 41.00	
4/28/0	TRACY VANCE 3003 TIMBERLANE DR	CANDIDATE	Postage	123.00	
5/7/08	ET. MADILON	CANDIDATE	Pos tercy e	42.00	
5/9/08	Diffies CHOITEL IA 30063	None	Food # Bevernge	86.58	W
5/9/08	Robert Skow 20470 V AVENUE Dallos Center TA 50063	None	PRINTING & Postage	59.12	V
			SUB-TOTAL	351,70	

TOTAL (if last page of this schedule) 351.70

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

ESTIMATES OF PERFORMANCE				
FUNDRAISING AND MED	IA SERVICES			

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
5/5/08	DALEY SOLUTIONS	Po notined	\$ 2175.00
5/14/08	DALEY SOLUTIONS	RATOR ADVENTISING	5477.70
		SUB-TOTAL	\$7652.70

TOTAL (If last page of this schedule) \$ 7652.70

Page _____ of ____ (for Schedule G)